

HUMANE HERO REGISTRATION

Hello Parents! Please fill out both pages of Registration Form for the HUMANE HERO program. Information collected will be kept private and used solely for the purposes of this program. This program is targeted for Childhood Education grades, approximately ages 10 to 14.

Once you have completed the packet, please return to Lizzy Brown, Berkshire Humane Society, 214 Barker Road, Pittsfield, MA 01201. If you have any questions, please call us at 413-447-7878 x.29 or 413-717-4244.

FULL NAME: _____

NICKNAME: _____ DATE OF BIRTH: _____ AGE: _____ MALE/FEMALE: _____

T-SHIRT SIZE: PLEASE CHECK THE APPROPRIATE SIZE. _____ CHILD SMALL _____ ADULT SMALL
 _____ CHILD MEDIUM _____ ADULT MEDIUM
 _____ CHILD LARGE _____ ADULT LARGE
 _____ CHILD XL _____ ADULT XL

GUARDIAN 1

NAME: _____ DAY PHONE: _____

ADDRESS: _____ EMAIL: _____

GUARDIAN 2

NAME: _____ DAY PHONE: _____

ADDRESS: _____ EMAIL: _____

BACKGROUND INFORMATION

WHAT SCHOOL DOES YOUR CHILD ATTEND? _____

DOES YOUR CHILD ATTENDED AFTER SCHOOL ACTIVITIES? Y N

WHICH ACTIVITIES? _____

DOES YOUR CHILD ENJOY CRAFTS? Y N

DOES YOUR CHILD ENJOY GAMES/ACTIVITIES? Y N

DOES YOUR FAMILY HAVE PETS? Y N

PLEASE NAME YOUR FAMILY PETS: _____

HAS YOUR CHILD EXPERIENCED A RECENT LOSS OF A PET? Y N

IF SO, PLEASE EXPLAIN: _____

Parent/Guardian's Printed Name Parent/Guardian's Signature Date

EMERGENCY INFORMATION

PLEASE INDICATE THE *FIRST PERSON* TO CONTACT IN AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

DAYTIME PHONE: _____ CELL NUMBER: _____

PLEASE INDICATE THE *SECOND PERSON* TO CONTACT IN AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

DAYTIME PHONE: _____ CELL NUMBER: _____

VEHICAL AUTHORIZATION PICK-UP LIST

Please give first and last names of those individuals whom your child may be released to (*include carpool drivers and those who are authorized to pick up in an emergency*):

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

MEDIA RELEASE

Please read and sign the following statement if you accept this disclosure:

In consideration of the above, I _____, the Parent/Guardian of the participating
PARENT'S NAME

Humane Hero Program, hereby consent to Berkshire Humane Society photographing, filming and audio visual taping of my child.

This media may appear in Berkshire Humane Society's websites, advertisements, promotional or informational materials including but not limited to newsletters, brochures, advertisements, and newspaper articles. I also waive rights to any compensation for these images/or sounds of my child.

RELEASE WAIVERS: I understand the release policy as described above and authorize Berkshire Humane Society to release my child to the person(s) listed above. I have read and understood the above Media Release and agree to its term and conditions.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date